

Abdominal Disorders

Abdominal Pain That Isn't: The Masqueraders

Faculty: Diane M. Birnbaumer, MD, FACEP

There are a number of diseases that present as acute abdominal pain but are not due to an acute abdominal process such as acute MI, pneumonia, pyelonephritis & pulmonary embolism. Other rare systemic diseases such as porphyria & lupus can also confuse the picture. The speaker will discuss a variety of these 'masqueraders' using a case-based approach & the work-up of these symptoms & diseases.

- Identify some of the diseases that masquerade as abdominal pain.
- Illustrate key findings that clue the clinician into identification of a variety of abdominal masquerading diseases.
- Propose strategies to avoid misdiagnosis of masquerading abdominal pain.

Banded But Broken: Post Bariatric Procedure Patient in the ED

Faculty: Joseph S. Palter, MD

Bariatric surgery is becoming an increasingly popular procedure and inevitably you will start to see the complications of these procedures walk into your ED, are you ready to care for them? What should we be looking for? What imaging should we be using? The speaker will examine the special considerations for the evaluation of abdominal complaints for patient who have had a bariatric procedure done.

- Review different types of bariatric procedures.
- Review common and concerning complications/
- Discuss clinical pearls in evaluation of post bariatric procedure patients.

Buoyant Bellies: Sick Cirrhotic Patients in the ED

Faculty: Joseph S. Palter, MD

The bleeding cirrhotic is a patient we are all aware of, but these chronically ill patients get sick in other ways as well. This course will focus on disease processes that these patients present to the ED for beyond the bleeding esophageal variceal.

- Review changes in cirrhotic's anatomy/physiology and how they relate to disease.
- Discuss infectious etiologies of the sick cirrhotic (i.e.: SBP).
- Discuss resuscitation strategies of the sick cirrhotic patient.



Can't Sit, Won't Sit: Anorectal Disorders

Faculty: Joseph S. Palter, MD

We have all see the patient lying prone on the stretcher, that won't sit down because there is something 'back there'. Patients with diseases of the anus and rectum are some of the most miserable people in the world. When they present to the ED, they are uncomfortable and frequently difficult to examine because of pain and difficulty in visualizing the pathology. The speaker will use cases to help you recognize and manage patients with anorectal pathology.

- Describe causes of pathology in the anorectal area.
- Discuss modalities for diagnosis and effective treatment of pathology.
- Discuss when to get a specialist involved in these patients care when in the ED.
- Suggest tips for effective examination in the ED.

Itis Smorgasbord: Colitis, Diverticulitis, Cholecystitis & More!

Faculty: Benjamin C. Smith, MD, FACEP

Many patients present to the ED and are diagnosed with an "itis" like diverticulitis, colitis, typhlitis, cholecystitis, appendicitis, epiploic appendagitis, or mesenteric adenitis. During the session, the speaker will explain the pitfalls in making these diagnoses, the differences in workup and treatment, and the long-term ramifications for the patients. In addition the proper disposition and follow up for these patients will be discussed.

- Describe the various "itis" diagnoses.
- Distinguish the differences in initial and subsequent workups.
- Contrast the treatments for each diagnosis.
- Develop strategies on the workup of each "itis" discussed and their potential immediate and long-term impact on the patients' health.

Non-Operative Treatment of Appendicitis: Update After Results of the CODA Trial

Faculty: David A. Talan, MD, FACEP

For over 100 years, appendicitis was treated with urgent appendectomy. Following observations on submarines, randomized clinical trials (RCT) and other studies over the last 3 decades have demonstrated that non-operative treatment of appendicitis (NOTA) using antibiotics alone could safely cure many cases. Most past studies were conducted in Europe and, in the US, NOTA remains rarely performed. This fall, the results of the largest RCT, called the CODA Trial, which was done in the US and directed by Emergency Medicine and surgeon investigators, were published in the New England Journal of Medicine. NOTA in adults and children will be reviewed and the new findings of the CODA Trial will be presented to provide the latest understanding of this non-surgical treatment option for appendicitis.

- Explain the history and evolution of treatment of appendicitis, and past studies of NOTA, including the results of the CODA Trial.
- identify patients who are candidates for NOTA.
- Explain the risks and benefits of NOTA vs. urgent appendectomy to your patients with appendicitis.

Stop the Belly-Aching: Pearls & Pitfalls in the Care of Older Adults with Abdominal Pain

Faculty: Benjamin C. Smith, MD, FACEP

The grey wave is coming! By 2030, 25 percent of all ED patients will be considered geriatric. This unique population is harder to diagnose while being more susceptible to increased morbidity. The speaker will focus on the abdominal issues that cannot be missed. The speaker will present the keys to both physical exam findings & diagnostics that will make the care of these patients make you feel young again.

- Discuss common surgical causes of abdominal pain in older adults, with a focus on surgical emergencies such as vascular catastrophes, perforations, & infections.
- Describe the workup, imaging, & treatment modalities for common causes of abdominal pain.
- Review the physiologic differences related to certain medical conditions as well as the potential complications with medications.